



HIRER & DRIVER DECLARATION FORM

NAME OF OPERATOR / INSURED:

**THIS FORM MUST BE COMPLETED IN FULL BY THE HIRER / DRIVER – BLANKS, TICKS AND DASHES ARE NOT ACCEPTABLE.
FULL ANSWERS MUST BE GIVEN. A SEPARATE FORM MUST BE COMPLETED BY EACH PERSON WHO IS TO DRIVE IN ADDITION TO THE HIRER.**

1. Hirer's/Driver's Name:	TITLE	FORENAMES	SURNAME							
2. Driver Licence Number and Country of Issue				COUNTRY						
3. Contact No.:	HOME		MOBILE							
4. Date of Birth of Hirer/Driver:	DAY	MONTH	YEAR	AGE						
5. Address of Hirer/Driver:				POSTCODE						
5a. Email:										
6. Permanent Address (if different from above);										
7. Occupation of Hirer/Driver (specify type of business):										
8. Employer's Name and Telephone Number:										
9. Do you suffer from any physical or mental defects, impairment of sight, hearing, heart, diabetic or epileptic condition or other complaint?				Answer YES or NO <input type="checkbox"/>						
If YES, have you advised the Drivers' Medical Branch (DVLA) in Swansea?				Answer YES or NO <input type="checkbox"/>						
If YES, have DVLA issued you with a full licence?				Answer YES or NO <input type="checkbox"/>						
10. Have you ever been convicted of a motoring offence and had your licence endorsed or suspended?				Answer YES or NO <input type="checkbox"/>						
If YES, please give full details:	<input type="text"/>									
(Spent convictions covered by the Rehabilitation of Offenders Act 1974 may be disregarded)										
11. Have you ever been declined motor insurance or had a motor policy cancelled or any special term imposed?				Answer Yes or No <input type="checkbox"/>						
If YES, please give full details	<input type="text"/>									
12. Have you had any accidents/claims/losses (whether to blame or not) in connection with any motor vehicle during the last three years?				Answer Yes or No <input type="checkbox"/>						
If YES, please give full details	<input type="text"/>									
13. Period of Hire: (not to exceed 90 days)	From	AM PM	DAY	MONTH	YEAR	To	AM PM	DAY	MONTH	YEAR
14. Details of vehicle:	Make	<input type="text"/>			Model	<input type="text"/>				
	Registration Mark	<input type="text"/>								

IMPORTANT NOTES

- This insurance only covers use for private purposes and business use in connection with the occupation shown above, excluding the carriage of passengers for hire and reward.
- Mis-statement and withholding any material information may result in this insurance being void – leaving you without any insurance cover. Please make certain all the answers given on this form are correct before signing the declaration. If you are in any doubt about particular facts being material, you should disclose them for your own protection.

DECLARATION: I/We understand that you will pass the information on this form, and about any incident. I/We may give details to ABI so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in. I declare that to the best of my knowledge and belief all the information entered on this form (and any supplementary information which is or may be supplied for the purpose of this insurance) is true and complete and that nothing materially affecting the risk has been withheld. I declare that if any details or answers on this form have been written by another person he/she has acted as my agent. I also accept the operator's policy of insurance subject to its terms, conditions and exceptions.

Signature of Hirer/Driver

DAY	MONTH	YEAR
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